2150 4946	23855 4		State of Nebraska Investigator's Motor Vehicle Accident Report Sheet 1 of 2														2						
2	Total Number of Vehicles Local No./ District 999 Agency Case No. B5-053939									HIT & RUN			◯ NO	INVESTIGATION MADE AT SCENE				4					
A/1 01 A/2	DATE OF ACCIDENT	M N	6/2015 STATE USE ONLY STATE USE ONLY																				
В	PLACE OF ACCIDENT	COUNTY	VES NO									06/17	06/17/2015										
В	ROAD O	N WHICI	STREET/									PROPERTY? LATITUDE DIVE-WAY YES NO					-						
c 8	ACCIDENT DISTANCE	FROM	CCURRED HIGHWAY NO. STREET? ROM FEET N S E W OF HIGHWAY NO. HIGHWAY NO.										LONGITUI	DE									
D	MILEPC	IF AT INTERSECTION IF NOT AT INTE																					
1	NAME OF INTERSECTING ROADWAY FEET MILES N S E W OF NEARE										AREST STREE	STREET, BRIDGE, RAILROAD CROSSING											
^{V1/M} 20	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN MILES N S E W AND N S E W OF NEAREST																						
V2/M 20	WILES			N S	E	V	MILES			N	SE	VV		OR TOW	/N								
E	R. WORK R1 R2 R3 R4 S. PEDESTRIAN S1 S2						S2	S3	S4	S5-a	a S5-b	S6-a	S6-b	TATE DEPT.	OF ROAD	NT INVOLVE DAMAGE TO DF ROADS' PROPERTY?							
6	CODES VEHICLE NO. 1									YES XNO													
F 1	DRIVER LICENSE	ı	NO.															STATE (Of License)			EX E	FEMALE MALE]
V1/N	DRIVER PHONE LOCAL NO.																						
9 V2/N	(MM/DD/YYYY)											V1/1 19											
1 G	OWNER ADDRI	THONE LOCAL NO.											V1/2										
2			CITY, STATE, ZIP CITATION PENDING NO CITATION NO. V1/3											V1/3									
н 5	LICENSE PLATE		NO. YEAR MAKE MODEL BODY STYLE										YEAR ate Expire	es)	T _E	STIMATED	Of P	late)		V1/4			
V1/O	VEHICLE ID	INSUPANCE COMPANY										TOTALE	TOTALED \$										
2 V2/O	NO. (VIN) TOWED TO							TOWED B	Y							POLICY	NO.						V1/5 19
2										VE	HICL	E NO	. 2										V1/6
7	DRIVER LICENSE	ı	NO.															STATE (Of License)		S	EX E	FEMALE MALE	
V1/P 8	DRIVER PHONE LOCAL NO.										V2/1												
V2/P	DRIVER ADDRESS CITY, STATE, ZIP DATE OF BIRTH (MM / DD / YYYY)										18 V2/2												
8	WNER KAREN K LEHMANN 04-06-1961 PHONE 308-325-4458																						
12	OWNER ADDRESS 4831 S 72nd, Lincoln, NE 68516 CITY, STATE, ZIP CITATION YES CITATION NO. PENDING NO										V2/3												
V1/Q 4	LICENSE PLATE	TE YEAR	NO. TGJ210							YEAR (Plate Expires) BODY STYLE COLOR				es)	2016	ESTIMATED	Of P	late)	NE	V2/4			
V2/Q 4	VEHICLE		2012 Chevrolet 3SK							Pickup truck brown				(TOTALED \$ 800				V2/5 18				
К	VEHICLE ID NO. (VIN) TOWED TO	3G(GCPKTE79CG306114 Farmers M									rs Mutua	ual										
13	Complete this section for all injured persons AU342366 Date of Birth										1	2	3	4 5	SEV								
(Complete a continuation report, if more than three were injured) VEH. # NAME ADDRESS Seat Position Eject Body Region Sev. Trans. Sex M F												ns. MF											
	LOCAL NO. MEDICAL FACILITY NAME							EMS S	EMS SERVICE NAME								EMS RUN REPORT NO.						
VEH. #	NAME ADDRESS I																						
	DICAL FACILITY NAME EMS SER'								SERVICE	E NAM	E					EMS RL	JN REP	ORT NO.					
VEH. #	LOCAL NO.						ADE	RESS												T			
V ∟∏. #	LOCAL NO.		IMED	ICAI F	ACII ITV N	JAME					EW6 6	SERVICE	E NIANA	F					EMC DI	IN RED	ORT NO		
				ICAL FACILITY NAME EMS SERVICE								.VIGE NAME							EMS RUN REPORT NO.				

		THE FOLLOWIN	G INFORMATIO	N IS REQUIRED	FOR ALL ACCIDEN	TS			
			INDICATE	BY DIAGRAM WHAT	HAPPENED AGE B5	NCY CASE NO. 5-053939			
$ \langle \ \rangle $	•								
Indicate North by Arrow									
	•								
	•								
	•								
No di	agram	n, belated h	it and ru	ın accide	ent at an unk	known location			
	•								
Owner of ve	hicle #2 stated			BASED ON OFFICE	R'S INVESTIGATION She stated she was not sure	where or when the damage			
OBJECT DAMAG	SED.	OWNER NAME	ADDRESS		PHONE	APPROX, COST OF DAMAGE			
ERTY OBSECT DAMAGE		OWNER NAME	ADDICESS		FHONE	\$			
OBJECT DAMAG	GED	OWNER NAME	ADDRESS		PHONE	APPROX. COST OF DAMAGE			
NAME			ADDRESS			PHONE			
NAME NAME			ADDRESS			PHONE			
VEHICLE	MOVEMENT	POINT OF IM	PACT AND	AIRBAG DEPLOYE		TOTAL VEH O VEH O			
VEH N C F W	ROAD OR	MOST DAMAG	GED AREA	VEHICLE 1	VEHICLE 1	OCCUPANTS 1 0 2 0			
1	HIGHWAY NAME	VEHICLE 1	VEHICLE 2	-		ALCOHOL Driver No. 1 Driver No. 2 trian			
2		POINT OF IMPACT	POINT OF IMPACT 06	4 Performed ()	1 None used - vehicle occupa	ALCOHOL Y Y Y LEVEL N X N X N			
1	06 Turning left	MOST	MOST DAMAGED 06	1 Deployed - front2 Deployed - side3 Deployed - both front/s	2 Lap & shoulder belt used 3 Shoulder belt only used	BAC LEVEL			
2 10	07 Making U-tu		AREA OO	4 Not deployed 5 Not applicable/	5 Child safety seat used 6 Child booster seat used	ALCOHOL/ Driver No. 1 No. 2 DRUGS 5 5			
01 Essentially	traffic lane 09 Leaving	00 None 02 09 Top & windows	03 04	No airbag available 6 Unknown	7 DOT approved helmet used 8 Costume helmet used 9 Restraint use unknown	SUSPECTED 5			
straight ahead 02 Backing	traffic lane 10 Parked	10 Undercarriage 01 -	05	VEHICLE 2	VEHICLE 2	Neither alcohol nor drugs suspected Yes - alcohol suspected			
03 Changing lane 04 Overtaking/	stopped in to	raffic 11 Total (all areas) 12 Other 08	07 06	-		3 Yes - drugs suspected 4 Yes - alcohol & drugs suspected			
Passing 05 Turning right	12 Other 13 Unknown					5 Unknown			
0FFICER NO. 1358		TROOP/ TEAM/ BEAT 5	Linco	^{⊫NT} oIn Police Depart	ment	Photographs X YES taken? NO			
INVESTIGATOR NA)	INVESTIGATOR SIGNA	TURE Officer Brad Hu	DATE OF 06/17/2015				